

TOWN OF MAYNARD Board of Health

MUNICIPAL BUILDING
195 MAIN STREET
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APPLICATION FOR DUMPSTER PERMIT

Pursuant to Section 31B, Chapter 111 of the General Laws of the Commonwealth of Massachusetts and the Rules and Regulations of the Maynard Board of Health

APPLICATION FEE \$50.00 (Payable by check only) for a Permanent/Annual Dumpster

\$15.00 (Payable by check only) for a Temporary Dumpster Type of Permit: () Permanent/Annual () Temporary (30 days or less) Type of Use: _____ Residential _____ Business _____ Food Service _____ Construction Name of property owner, occupant or agent responsible for contracting with dumpster service: Phone Number: Property Owner: _____(If different than responsible agent above) Home Phone Number: ____ Owner's Address: Business Phone Number: Name of company supplying dumpster service: Does the Dumpster prominently display the company name and phone number? _____Yes _____No Location (address) of dumpster:______ Company Phone Number:____ What size is the dumpster? cubic yds. (Office Use) Permit #: How often is the dumpster emptied? _____times per week. Paid: CASH Check #: _____ Is this dumpster site enclosed, screened or fenced? Is the dumpster located at a sufficient distance from the lot line so that it will not interfere with the safety, convenience, or health of abutters or residents?_____

All Permanent/Annual permits shall expire on June 30th in the year they are issued All renewals not received by June 30th will be assessed a late fee of \$50.00

Is the dumpster in good repair, containing covers and capable of being locked?

Please return this application with appropriate fee for each rubbish dumpster (cardboard/paper = no fee)

All Temporary Permit holders must contact the Board of Health (978) 897-1302 upon dumpster removal to avoid additional charges – thank you.